SCHEDULE B (FEC Form 3)

J	STILDOLL B (TLOT OTTIS)	Use seperate schedule(s)		FOR LINE NUMBER: (check only one)	
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(cneck or	17	
	y Information copied from such Reports and Staten				
or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full)					
$ \rangle$	Bob Goodlatte for Congress Committee				
Α.	Full Name (Last, First, Middle Initial)			Transaction ID: 70405.E4812	
	Sam Graves for Congress			Date of Disbursement	
	Mailing Address 2345 Grand Blvd Ste 2400			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 3 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} D & D \\ D & 2 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} Y & Y & Y \\ D & O & 0 \end{smallmatrix} 7 $	
	City State Zip Code			Amount of Each Disbursement this Period	
	Kansas City MO 64108-2642			1000.00	
	Purpose of Disbursement CAMPAIGN CONTRIBUTION			Refund or Disposal of Excess	
	Candidate Name SAMUEL B (SAM) GRAVES		Category/ Type	Contributions Required Under 11 C.F.R. 400.53	
	X	ement For: 2008 Primary General Other (specify)			
_	Full Name (Last, First, Middle Initial)			Transaction ID: 70405.E4775	
B.				Date of Disbursement	
	Mailing Address 320 First Street, SE			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	
	City Washington	State Zip Code DC 20003-		Amount of Each Disbursement this Period	
	Purpose of Disbursement TRANSFER OF EXCESS FUNDS			Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
	Candidate Name Category/				
	9 🗎	ement For: 2008 Primary General Other (specify)			
_	Full Name (Last, First, Middle Initial)			T ID 70405 54000	
C.	Young Republican Federation of Virginia			Transaction ID: 70405.E4803 Date of Disbursement	
	Mailing Address 1276 N Wayne St Apt 408			$\begin{bmatrix} M & M \\ 0 & 2 \end{bmatrix} & \begin{bmatrix} D & D & D \\ 1 & 5 \end{bmatrix} & \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 7 \end{bmatrix}$	
	City Arlington	State Zip Code VA 22201-5851		Amount of Each Disbursement this Period	
	Purpose of Disbursement CONTRIBUTION			Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
	Candidate Name Category/				
	Senate X President	ement For: 2008 Primary General Other (specify)			
	State: District:				
SUBTOTAL of Disbursements This Page (optional)				51250.00	
Т	OTAL This Period (last page this line number only))	>	51250.00	